

Oaxaca Beach Yoga Retreat
With Jenny Guzon-Bae & Wade Gotwals
March 15-22, 2025
Questionnaire & Waiver

Name _____

Address _____

Email _____

Home/Cell # _____

Birthday _____

EMERGENCY CONTACT (Name & Phone) _____

Do you have previous yoga experience? How long?

What is your preferred type of yoga? How often do you practice per week?

Do you have any injuries, health conditions, surgeries or chronic pain that may affect your comfort/participation during yoga classes? If yes, please explain.

List any food allergies and dietary restrictions

Name of your Roommate. If you are traveling alone, we will match you with a harmonious roommate.

What are you hoping to get out from your retreat experience? What aspects of yoga do you want to learn more about?

Tell us “3 Interesting Things about Yourself”

Waiver

PLEASE READ, INITIAL, SIGN/DATE BELOW AND AGREE TO THE FOLLOWING: I am in good health and feel confident to participate safely in the Yoga Within You, LLC and Wade Yoga's Oaxaca Yoga Retreat ("Retreat"). I understand that during this time I will be participating in yoga classes/workshops, hiking, swimming, among other activities, that may be strenuous and may cause physical injury. I am fully aware of the risks and hazards involved. (_____)

I certify that I have disclosed all physical impairments, injuries and conditions (including being pregnant) to Jenny Guzon-Bae and Wade Gotwals and that I am physically well and not suffering from any medical conditions, diseases or other illness that would increase my risk of injury and/or illness as a result of the participating in any physical exercise, including, but not limited to, yoga and any outside activities. (_____)

In consideration of being permitted to participate in the Retreat, I assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the Retreat, including any and all activities done with the yoga retreat group, or as an individual while on the Retreat. (_____)

I, my heirs or legal representatives knowingly, voluntarily and expressly waive any claim I may have against Jenny Guzon-Bae, Yoga Within You LLC, and Wade Gotwals, Wade Yoga, for any injury, accident, illness or damages caused by their negligence or other acts. (_____)

I agree that any photos taken during the Retreat, Yoga Within You, LLC and Wade Yoga may be used for social media promotion. (_____)

Cancellation policy: I understand that the \$500 deposit fee is **non-refundable**. Further, should cancellation occur less than 30 days prior to the retreat I will forfeit all the fees I have paid. Should I cancel 60 days prior to the retreat, and if and only if my spot can be sold, I will receive my retreat fee less the \$500 deposit fee. Should the event be cancelled by Jenny Guzon-Bae and Wade Gotwals for any reason, fees minus hotel cancellation charges will be refunded back to me. (_____)

I choose to (_____) or choose NOT to (_____) purchase my own Travelers

Insurance for this trip with full understanding of this contract and cancellation policies. If I purchase Travelers Insurance, I will forward a copy to Jenny at yogawithinyouretreats@gmail.com. (_____)

I agree to the following payment schedule: \$500 non-refundable deposit due upon booking of the Retreat; 2nd Payment due before or on October 10, 2024; Final Payment due before or on April 30, 2025. (_____)

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

I have read the payments and policies on the Yoga Within You, LCC website (www.yogawithinyou.com) and agree to abide by them, knowing my \$500 deposit is non-refundable and the balance of my retreat fee is due in accordance with the payment schedule listed above.

Print Name _____

Signature _____

Date _____

PLEASE RETURN YOUR COMPLETED REGISTRATION FORM & EMAIL TO: yogawithinyouretreats@gmail.com